

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:  
**Frederick**  
 County.....  
 City or town..... **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 8/29/46**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 8/29/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... **Maryland** County..... **Frederick**  
 City or town..... **Frederick**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... **Rt. 4, Ballenger Creek Rd.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
**Charles M. Baker**

3. (b) Social Security Number  
**217-10-9336**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, married, widowed, or divorced..... **Married**

6. (b) Name of husband or wife..... **Ruth Baker**  
**Chambersburg, Pa.** 6. (c) If alive, give age..... **41** years  
 7. Birth date of deceased (mo., day, yr.)..... **Oct. 28, 1909**

8. AGE: Years..... **36** Months..... **10** Days..... **17** If less than one day..... hrs. .... min.

9. Birthplace..... **Buckeytown, Maryland**  
 (Town, county, and state)

10. Usual occupation..... **Truck Mechanic**

11. Industry or business.....

FATHER 12. Name..... **Harvey G. Baker**  
 13. Birthplace..... **Montgomery County, Md.**

MOTHER 14. Maiden name..... **Annie E. King**  
 15. Birthplace..... **Frederick County, Md.**

16. Informant..... **Deceased**

Address..... **Unknown**

17. (Burial, cremation, or removal, Which)..... **Burial** Date thereof..... **Sept. 7, 1946**  
 (month) (day) (year)

Cemetery or crematory..... **Mt. Olivet Cem.**  
 Location..... **Frederick, Md.**

18. Funeral director..... **Gene Etchison**

Address..... **106 E. Church St., Frederick, Md.**

19. (Date rec'd by registrar)..... **Sept. 14, 46** Registrar.....

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... **September 14** 19 **46** at **6:00 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **August 29** 19 **46** to **Sept. 14** 19 **46** and that I last saw him alive on **September 14** 19 **46**

Immediate cause of death..... **Pulmonary Tuberculosis** DURATION..... **15 Mos.**

~~22. I~~ **Laryngeal Tuberculosis** DURATION..... **8 Mos.**

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... **J. B. Lynn** M. D. **1946**

Address..... **State Sanatorium, Md.** Date signed..... **9/16/46**

MARGIN RESERVED FOR BINDING

VS A15 9.45-151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 17 1946

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-2

## CERTIFICATE OF DEATH

08995

131

Reg. Dist. No.

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

221 East Third Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 221 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

AMY THOMPSON BELL

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
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8. (b) Name of husband or wife Howard N. Bell

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 18, 1887

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>21</u>	.....hrs. ....min.

9. Birthplace Nr. New Market-Frederick-Md.  
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Albert W. Phelps

13. Birthplace Frederick County Maryland

14. Maiden name Susanna E. McDonald

15. Birthplace Frederick County Maryland

16. Informant Howard N. Bell

Address 221 E. 3rd St., Frederick, Md.

17. Burial 9/12/46  
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 10 Sept 1946 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 46 at 3:00A M

21. I CERTIFY that death occurred on the date above stated; that I attested deceased from  
19 44 to Sept 9 19 46

and that I last saw him alive on Sept 9 19 46

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Phelps M. D. or other

Address Frederick, Maryland Date signed 9-9-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 12 1946  
BUREAU V. A.

*W. J. [unclear]*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08996

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 years  
 Hospital, institution, or street address where death occurred:  
109 East Third Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 109 East Third Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

FRANKLIN PIERCE BENNER

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) ? ? 1853  
 8. AGE: Years 93 Months ? Days ? If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Washington County Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business  
 12. Name Jacob W. Benner  
 13. Birthplace Washington County Maryland  
 14. Maiden name Margaret Walker  
 15. Birthplace Washington County Maryland

16. Informant Mrs. Mary L. Van Fossen  
 Address 109 E. Third St.- Frederick, Md.  
 17. Burial Date thereof Sept. 4-1946  
 (Burial, cremation, or removal? Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director C.E. Cline and Son  
 Address Frederick, Maryland

19. 3 Sept 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 1st. 1946 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_  
 and that I last saw him 7 days before on Sept 1 19 46

Immediate cause of death Coronary occlusion DURATION 10 min

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place, or elsewhere? \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. SIGNATURE R. W. Barr M. D. or other \_\_\_\_\_  
 Address Frederick Date signed 9.3.46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 5 1946

BUREAU OF

*W. E. A. ...*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08997

★ Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County **Frederick**  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 9/1/45**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 9/1/45**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Maryland** County \_\_\_\_\_  
 City or town **Baltimore**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **7129 Harford Rd.**  
 (If rural, give LOCATION) ✓  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

**George M. Bonhag**

## 3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**

6.(b) Name of ~~husband~~ wife **Esther Bonhag**6.(c) If alive, give age **42** years7. Birth date of deceased (mo., day, yr.) **Feb. 15, 1900**

8. AGE: Years **46** Months **7** Days **5** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace **Baltimore, Maryland**  
(Town, county, and state)10. Usual occupation **Post office clerk**

## 11. Industry or business

12. Name **George Bonhag**13. Birthplace **Germany**14. Maiden name **Anna ?**15. Birthplace **Germany**16. Informant **Mrs. Esther Bonhag (Wife)**Address **7129 Harford Rd., Balto., Md.**11. ~~Unknown Burial~~ Date thereof **Unknown 9/23/46**  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Unknown Memorial Park**Location **Unknown Baltimore, Md.**18. Funeral director **M. L. Creager & Son**Address **Thurmont, Maryland Balto. Md.**19. **Sept 20** 19 **46**  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept. 20** 19 **46** at **8:00A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 1** 19 **45** to **Sept. 20** 19 **46**  
 and that I last saw him alive on **September 20** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **14 Mos.**

~~and~~ **Laryngeal Tuberculosis** **14 Mos.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **J. B. Lynn**

M. D. ~~XXXX~~

Address **State Sanatorium, Md.** Date signed **9/20/46**



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SEP 21 1946

BUREAU V. R.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08998

Reg. Dist. No. 127

### 1. PLACE OF DEATH:

County Baltimore  
City or town Johnsview Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 80 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick  
City or town Johnsview  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Union Bridge R.D.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

Elias Hall Brown

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Sarah V. Eyer Brown  
7. Birth date of deceased (mo., day, yr.) 1865-11-14 6. (c) It alive, give age years

8. AGE: Years 80 Months 9 Days 23 If less than one day .hrs. .min.

9. Birthplace Johnsview Md.  
(Town, county, and state)

10. Usual occupation miner

### 11. Industry or business

12. Name Elias H. Brown

13. Birthplace Md.

14. Maiden name Mary F. Phillips

15. Birthplace Md.

16. Informant Jennings Brown

Address Union Bridge

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Sept 12-1946  
(month) (day) (year)

Cemetery or crematory Rocky Hill Lutheran Cemetery

Location near Woodboro Md

18. Funeral director D. D. Harts & Son

Address Union Bridge or New Windsor Md

19. Sept 16 19 46 read. Carpenter  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 19 46, at 4:15 PM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 19 46 to Sept 9 19 46  
and that I last saw him alive on Sept. 9/46

Immediate cause of death Cerebral Hem. DURATION 6 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sra W. Beall. M.D.

Address Libertytown Md. Date signed 9/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

ATTORNEY GENERAL

WASHINGTON, D. C.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

## CERTIFICATE OF DEATH

08999  
Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 8/28/46  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 8/28/46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County \_\_\_\_\_  
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 2018 Griffiss Ave.  
(If rural, give LOCATION)  
2. (a) If veteran, name war. \_\_\_\_\_

## 3. (a) FULL NAME

Thomas B. Brown

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~husband~~ wife Elizabeth Brown6. (c) If alive, give age 68 years

## 7. Birth date of

deceased (mo., day, yr.)

August 16, 1882

## 8. AGE:

Years

Months

Days

If less than one day

64112

.....hrs. ....min.

## 9. Birthplace

Baltimore County, Md.

(Town, county, and state)

## 10. Usual occupation

Laborer Water Dept., Balto.

## 11. Industry or business

FATHER

## 12. Name

Charles E. Brown

## 13. Birthplace

Canada

MOTHER

## 14. Maiden name

Priscilla Gill

## 15. Birthplace

Baltimore County, Md.

## 16. Informant

Deceased

## Address

## 17.

Unknown Burial  
(Burial, cremation, or removal. Which?)

## Date Merced

10/1/46  
(month) (day) (year)

## Cemetery or crematory

Unknown Gordon Park

## Location

Unknown Baltimore, Md.

## 18. Funeral director

M. L. Creager & Son

## Address

Thurmont, Maryland

## 19.

Sept 29 46  
(Date rec'd by registrar)19. 46

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 19 46 at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 28 19 46 to Sept. 28 19 46and that I last saw him alive on September 28 19 46

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

2 Yrs.

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

J. B. [Signature]M. D. [Signature]Address State Sanatorium, Md. Date signed 9/28/46

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SEP 30 1946

BUREAU VE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

### 1. PLACE OF DEATH:

County Frederick

City or town Unionville Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 hr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Unionville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Murray Jonas Burrier

### 3. (b) Social Security Number

Bunnien

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

B. (b) Name of husband or wife Lerah Stull Burrier

B. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug 22 1907

8. AGE: Years 39 Months 1 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Md  
(town, county, and state)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jonas Burrier

13. Birthplace Frederick Co Md.

14. Maiden name Annie Mercer

15. Birthplace Frederick Co Md.

16. Informant Mrs Lerah Burrier

Address Union Bridge Md

17. Burial Date thereof Sept 25 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel

Location Liberty Md

18. Funeral director H. C. Barton

Address Walpersville Md

19. Sept 26 1946 Dr. Cluff  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1946 at 2 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_

and that I last saw him alive on Sept 23 1946

Immediate cause of death Shot gun wound of abdomen DURATION 10 min

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9.23.46

Where did injury occur? Unionville Frederick Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) farm yard

Means of Injury 12 shot gun Injured at work? no

P. W. Barr Deputy Med. Ex.

23. SIGNATURE \_\_\_\_\_ M. D. or other

Address Frederick Md Date signed 9.23.46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 9 1946

BUREAU



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 512

## CERTIFICATE OF DEATH

09001

Reg. Dist. No. 135

### 1. PLACE OF DEATH:

County Frederick  
City or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 24 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Frederick  
City or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

J. Elmer Bussard

### 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
8.(b) Name of husband or wife Flora Bussard

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1872 8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 74 Months 7 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Myersville Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation Farm

11. Industry or business

12. Name John M. Bussard

13. Birthplace Myersville Md.

14. Maiden name Daisy Harshman

15. Birthplace Myersville, Md.

16. Informant John Bussard

Address Myersville, Md.

17. Burial Date thereof 9-15-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crosscreek Cemetery

Location Myersville, Md.

18. Funeral director W. L. Lister

Address Myersville, Md.

19. Sept 15 19 46 Charles L. Leatherman  
(Date registered by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 19 46 at 4:57 PM  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 19 46 to Sept 12 19 46  
and that I last saw him alive on Sept 12 19 46

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Carcinoma Primary

Due to Bladder

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. L. Lister M. D. or other \_\_\_\_\_

Address Myersville Date signed 9-13-46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



6-22-50

6-22-50

SEP 11 1945

RECEIVED

SEP 20 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

## CERTIFICATE OF DEATH

09002

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 8 days

## 3. (a) FULL NAME

Julia Rebecca Cramer

## 3. (b) Social Security Number

213-03-18874. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife W. Oscar Cramer6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) Feb. 8, 18968. AGE: Years 50 Months 7 Days 17 If less than one day  
..... hrs. .... min.9. Birthplace near Woodlboro, Md.  
(Town, county, and state)10. Usual occupation House wife and11. Industry or business Seamstress12. Name James Alfred Arnold13. Birthplace Woodlboro, Md.14. Maiden name Sarah A. W. Engle15. Birthplace Frederick, Co. Md.16. Informant W. Oscar CramerAddress Woodlboro, Md.17. Burial Date thereof Sept. 18, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or W. HopeLocation Woodlboro, Md.16. Funeral director Ruell & HartylerAddress Woodlboro, Md.19. 27 Sept 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Woodlboro  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war .....

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 19 46, at 3 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9-16 19 46, to 9-24 19 46and that I last saw him alive on 9-24 19 46Immediate cause of death Age 60 no motor car  
Pump of the breast cancer  
Taggart's Disease of  
lungs: Both breasts

## DURATION

Due to 54

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE H. J. Mearns M. D. or otherAddress Frederick, Md. Date signed 9/27/46

RECEIVED  
SEP 28 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-5

## CERTIFICATE OF DEATH

09003

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/12/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 8/12/46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Baltimore  
 City or town Upper Falls  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Louis B. Dewey

## 3. (b) Social Security Number

452-10-9902

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~husband~~ wife Claree M. Dewey6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) June 28, 1884

## 8. AGE:

62

## Years

2

## Months

6

## Days

## If less than one day

hrs.min.9. Birthplace Cleveland, Ohio

(Town, county, and state)

10. Usual occupation Maritime Police

## 11. Industry or business

12. Name Dr. Seymour B. Dewey13. Birthplace Kent, Ohio14. Maiden name Elizabeth F. Hayes15. Birthplace Sandusky, Ohio16. Informant Deceased

## Address

17. (Burial, cremation, or removal) Burial 9/5/46 St. John's Episcopal

## Cemetery or crematory

## Location

18. Funeral director Clarkson & Arthur

## Address

## 19. (Date rec'd by registrar)

9/3/46

19.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1946 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 12 1946 to Sept. 3 1946  
 and that I last saw him alive on September 3 1946

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

1 Yr.

## Due to

## Due to

## Other conditions

Diabetes Mellitus

(Include pregnancy within 3 months of death)

Unknown

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

## Means of injury

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

J. B. DeweyM. D. DEWEYAddress State Sanatorium, Md. Date signed 9/3/46

RECEIVED  
SEP 5 1946  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-2

## CERTIFICATE OF DEATH

09904

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, which)

Cemetery or crematory

Location

18. Funeral director

Address

19. Sept 27 19 46

(Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on

Immediate cause of death

Other conditions

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town MiddletownStreet No. 2. (a) If veteran, name war 

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 19 46 at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 46 to Sept. 25 19 46and that I last saw her alive on Sept. 25 19 46Immediate cause of death Broncho-pneumoniaDURATION 2 days

Due to

Due to

Other conditions Hemiplegia, left

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.Address Frederick, Md.Date signed Sept. 25, 46

19. Sept 27 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

CERTIFICATE OF DEATH

LOCAL BOARD OF HEALTH

TO THE BOARD OF HEALTH

RECEIVED

SEP 30 1946

BUREAU V B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09005

Reg. Dist. No. / 44

## 1. PLACE OF DEATH:

County... **Frederick**City or town... **Thurmont**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... **Lifetime**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

## 3. (a) FULL NAME

**Robert Daniel Eigenbrode**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Frederick**City or town... **Thurmont**  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)  
**No**

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

**218-03-0116**

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<b>Male</b>	<b>White</b>	<b>Married</b>

8. (b) Name of husband or wife... **Catherine L. Eigenbrode**

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) **January 16, 1875**

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>8</b>	<b>12</b>	hrs. min.

9. Birthplace... **Thurmont, Frederick Co., Md.**  
(Town, county, and state)10. Usual occupation... **Railroad Foreman**11. Industry or business... **Retired**FATHER 12. Name... **Daniel Eigenbrode**13. Birthplace... **Thurmont, Md.**MOTHER 14. Maiden name... **Rosilla Matthews.**15. Birthplace... **Thurmont, Md.**16. Informant... **Mrs. Marshall Leatherman.**Address... **Thurmont, Md.**17. Burial Date thereof... **Sept. 30, 1946**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... **Blue Ridge**Location... **Thurmont, Md.**18. Funeral director... **M. L. Creager & Son**Address... **Thurmont, Md.**19. **Sept 30 46** **Blanche S. Eyles**

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... **September 28, 1946 5:10 AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

**Sept. 15** 19 **46** to **Sept. 27** 19 **46**and that I last saw him alive on **Sept. 27** 19 **46**

Immediate cause of death...

**Heart Failure - death****Chronic Ischemic vascular**Due to... **Heart disease**Due to... **Arteriosclerosis**Other conditions... **Arteriosclerosis****hypertrophic**

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ....

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of .....

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... **James J. Gray M.D.**Address... **Thurmont, Md.**Date signed... **9/28/46**

RECEIVED

OCT 2 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 139

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County **Frederick**  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 9/16/46**

Hospital, institution, or street address where death occurred:

**Maryland Tuberculosis Sanatorium**How long in hospital or institution? **Since 9/16/46**2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State **Maryland** CountyCity or town **Baltimore**  
(If outside city or town limits, write RURAL and give nearest town)Street No. **417 N. Duncan St.**  
(If rural, give LOCATION) ✓

2.(a) If veteran, name war

## 3. (a) FULL NAME

**John J. Evans**

## 3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Separated**

6.(b) Name of ~~husband~~ wife **Maxine Evans**  
**State Sanatorium, Md.** 6.(c) If alive, give age **29** years

7. Birth date of deceased (mo., day, yr.) **January 14, 1918**

8. AGE: Years **28** Months **8** Days **7** If less than one day  
 ..... hrs. .... min.

9. Birthplace **Baltimore, Md.**  
 (Town, county, and state)

10. Usual occupation **Rigger, shipyard**

## 11. Industry or business

12. Name **John Evans**13. Birthplace **Maryland**14. Maiden name **Anna Dornicok**15. Birthplace **Czechoslovakia**

16. Informant **Joseph S. Dornicok (Uncle)**  
 Address **417 N. Duncan St., Bal to., Md.**

17. **Unknown Burial** Date thereof **Unknown 9/23/46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Unknown Holy Redeemer**  
 Location **Unknown Baltimore, Md.**

18. Funeral director **M. L. Creager & Son**Address **Thurmont, Maryland**

19. **XXXX** 19 **46** Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept. 21** 19 **46** at **3:30 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 16** 19 **46** to **Sept. 21** 19 **46**  
 and that I last saw him ..... alive on ..... 19 .....

Immediate cause of death **Pulmonary Tuberculosis**

DURATION  
**3 Mos.**

~~xxxx~~ **Laryngeal Tuberculosis** **1 Mo.**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **D. B. Lynn** M. D. **XXXX**Address **State Sanatorium, Md.** Date signed **9/23/46**

RECEIVED  
SEP 24 1946  
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

09007

Reg. Dist. No. 139

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 3/1/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 3/1/45</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County _____ City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>417 N. Montford Ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war _____			
<b>3. (a) FULL NAME</b> <u>Fedoruk Fedosy</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Male</u> <b>5. Color or race</b> <u>White</u> <b>6. (a) Single, married, widowed, or divorced</b> <u>Widower</u>				<b>MEDICAL CERTIFICATION</b>			
<b>6. (b) Name of husband or wife</b> _____ <b>6. (c) If alive, give age</b> _____ years				<b>20. DATE OF DEATH</b> <u>September 9</u> 19 <u>46</u> at <u>5:15 P.</u>			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>May 3, 1884</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>March 1</u> 19 <u>45</u> to <u>Sept. 9</u> 19 <u>46</u> and that I last saw him alive on <u>September 9</u> 19 <u>46</u>			
<b>8. AGE:</b> Year <u>62</u> Months <u>4</u> Days <u>6</u> If less than one day _____ hrs. _____ min.				<b>Immediate cause of death</b> <u>Pulmonary Tuberculosis</u> <b>DURATION</b> <u>28 Mos.</u>			
<b>9. Birthplace</b> <u>Russia</u> (Town, county, and state)				<b>Due to</b> _____			
<b>10. Usual occupation</b> <u>Caretaker of Cemetery</u>				<b>Due to</b> _____			
<b>11. Industry or business</b> _____				<b>Other conditions</b> _____ (Include pregnancy within 3 months of death)			
<b>12. Name</b> <u>Sam Fedosy</u>				<b>Major findings of operations</b> _____ Date of op. _____			
<b>13. Birthplace</b> <u>Russia</u>				<b>Autopsy results</b> _____ <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>14. Maiden name</b> <u>?</u>				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>			
<b>15. Birthplace</b> <u>Russia</u>				<b>Accident, suicide, or homicide</b> _____ <b>Date of</b> _____			
<b>16. Informant</b> <u>Sophia Gizinski (Friend)</u> <b>Address</b> <u>417 N. Montford Ave., Bal to., Md.</u>				<b>Where did injury occur?</b> _____ (City or town) (County) (State)			
<b>17. Burial</b> <u>Russian Cemetery</u> <b>Date thereof</b> <u>9/12/46</u> (Burial, cremation, or removal. Which?) (month) (day) (year) <b>Cemetery</b> <u>Howard County, Maryland</u> <b>Location</b> <u>M. L. Creager &amp; Son</u>				<b>Injured at home, farm, industry, public place (where?)</b> _____ <b>Means of injury</b> _____ <b>Injured at work?</b> _____			
<b>18. Funeral director</b> <u>Thurmont, Maryland</u> <b>Address</b> _____				<b>23. SIGNATURE</b> <u>J. B. Ryan</u> <b>M. D.</b> <u>XXXX</u> <b>Address</b> <u>State Sanatorium, Md.</u> <b>Date signed</b> <u>9/10/46</u>			
<b>19. (Date rec'd by registrar)</b> <u>Sept 9 46</u> <b>Registrar</b> <u>[Signature]</u>							

RECEIVED  
SEP 12 1948  
BUREAU A. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 127-6

## CERTIFICATE OF DEATH

 09008  
 ★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death? 6 days  
 Hospital, institution, or street address where death occurred:

Frederick City Hospital

 How long in hospital or institution? 6 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Md. County Frederick

 City or town Mt Airy (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Virginia Lohella Fritzy

## 3. (b) Social Security Number

 4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married

 6. (b) Name of husband or James M. Fritzy

 7. Birth date of deceased (mo., day, yr.) Jan 21, 1873 6. (c) If alive, give age 75 years

 8. AGE: Years 73 Months 7 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

 9. Birthplace Frederick County Md. (Town, county, and state)

 10. Usual occupation House Wife

 11. Industry or business Own home

 12. Name M. C. Beale

 13. Birthplace Md.

 14. Maiden name Theresa Eaves

 15. Birthplace Md.

 16. Informant Paul Fritzy

 Address Mt. Airy, Md.

 17. Burial, cremation, or removal (Which?) Burial Date thereof Sept 23, 1946 (Month) (day) (year)

 Cemetery or crematory Union Chapel

 Location near Liberty town Md.

 18. Funeral director Revel & Hartley

 Address 2 Woodsboro Md.

 19. 20 Sept 1946 Elizabeth Heck Registrar

(Date rec'd by Registrar)

## MEDICAL CERTIFICATION

 20. DATE OF DEATH 19 SEPT 46 at 2:30 P.M.

 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 July 46 to 19 SEPT 46

 and that I last saw h. EA alive on 19 SEPT 46

 Immediate cause of death PERIPHERAL VASCULAR COLLAPSE DURATION 10 HRS

 Due to CHOLECYSTECTOMY

 Due to HYDROPS GALL BLADDER 3 MONTHS

 Other conditions CARDIO VASCULAR-RENAL DISEASE 5 YRS

(Include pregnancy within 8 months of death)

 Major findings of operations HYDROPS GALL BLADDER

 Date of op. 18 SEPT 46

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

 23. SIGNATURE James F. Stoner, Jr. M.D.

 Address Waltersville, Md. Date signed 19 Sept 46



RECEIVED

SEP 23 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09009

Reg. Dist. No.

132

## 1. PLACE OF DEATH:

County Frederick  
 City or town Berryville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 weeks  
 Hospital, institution, or street address where death occurred:  
Middleton R. 1  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Frederick  
 City or town Berryville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Albertus Gardner

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife C. W. Gardner  
 7. Birth date of deceased (mo., day, yr.) April -25- 1883 8. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 63 Months 4 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Wadswell Virginia  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business Own Home  
 12. Name William DeFlinger  
 13. Birthplace Ohio  
 14. Maiden name Nancy Martin  
 15. Birthplace Reliance Ind. Co. Va.

16. Informant C. W. Gardner  
 Address Berryville Va. R. 2  
 17. Burial Date thereof Sept. 7, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Macedonia Cemetery  
 Location Ind. Co. Va.  
 18. Funeral director John H. Enders  
 Address Berryville Va.  
 19. Sept. 5, 1946 Maria Goodhill  
 (Date) (day) (month) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 4, 1946 at 11:50 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17, 1946 to Sept. 4, 1946  
 and that I last saw her alive on Sept. 4, 1946

Immediate cause of death

Chronic Hypertension

DURATION

5 yrs

Due to

Cerebral hemorrhage

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

G. W. Lelan M.D.

M. D. or other

Address BoonvilleDate signed 9/5/46

RECEIVED  
SEP 13 1946  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

## CERTIFICATE OF DEATH

09010

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 8/15/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 8/15/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1317 W. Fayette St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Carl Gommel, Jr.

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Feb. 25, 1893  
 8. AGE: Years 53 Months 7 Days 5 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Germany  
 (Town, county, and state)  
 10. Usual occupation Helper in bakery  
 11. Industry or business \_\_\_\_\_  
 12. Name Carl Gommel, Sr.  
 13. Birthplace Germany  
 14. Maiden name Katherine ?  
 15. Birthplace Germany  
 16. Informant Deceased

Address \_\_\_\_\_  
 17. Unknown Date thereof Unknown  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Unknown  
 Location Unknown  
 18. Funeral director M. L. Creager & Son  
 Address Thumont, Maryland  
 19. Oct 1 19 46  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH September 30 19 46 at 8:00A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 19 46 to Sept. 30 19 46  
 and that I last saw him alive on September 30 19 46

Immediate cause of death Pulmonary Tuberculosis  
 DURATION 7 Mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lynn M. D. MDAddress State Sanatorium, Md. Date signed 9/30/46

RECEIVED  
OCT 2 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of  
year of birth is shown  
on

G 107 9/20/46

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
City or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 40 yrs  
Hospital, institution, or street address where death occurred:  
\_\_\_\_\_  
How long in hospital or institution? \_\_\_\_\_

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Walkersville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Bertha M. Grubill  
4. Sex Female 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

### 3. (b) Social Security Number

### 6. (b) Name of husband or wife

6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) Feb 11 1876 1878

8. AGE: Years 68 Months 6 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Walkersville Fred. Md.  
(Town, county, and state)

10. Usual occupation School Teacher

### 11. Industry or business

12. Name G. Frank Grubill

13. Birthplace Frederick County

14. Maiden name Clara Barrick

15. Birthplace Frederick County

16. Informant Walter Grubill

Address Walkersville Md

17. Burial Date thereof Sept 13 1946  
(Burial, cremation, or disposal. Which?) (month) (day) (year)

Cemetery or place of interment Mt. Olivet

Location Frederick Md

16. Funeral director G. C. Barton

Address Walkersville Md

19. 12 Sept 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 19 46 at 9:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1946 to Sept 10 1946  
and that I last saw him alive on Sept 9, 46 19

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE C. E. Taylor M. D. or other \_\_\_\_\_

Address Walkersville, Md Date signed Sept 10, 46

RECEIVED

SEP 16 1946

BUREAU V 8



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

188

09012

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since Sept. 2, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Creagerstown  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

None

## 3. (a) FULL NAME

CHARLES WILLIAM GRIMES, Jr.

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Mildred V. Fry6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.)

May 20, 1892

8. AGE:

Years

Months

Days

If less than one day

54316

hrs.

min.

9. Birthplace Nr. Creagerstown-Frederick-Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name William T. Grimes13. Birthplace Frederick County Maryland14. Maiden name Della May Eyler15. Birthplace Frederick County Maryland16. Informant Mrs. Mildred GrimesAddress Creagerstown, Maryland

17. Burial

Date thereof 9/9/46

(Burial, examination, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland19. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7-Sept 19 46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 19 46 at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 18 to Sept 19  
 and that I last saw him dead on Sept 6 19 46

Immediate cause of death

Fischer 7new paralysis of body

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9.2.46Where did injury occur? Weather with Fischer road

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) farmMeans of injury Knocked by horseInjured at work? yes

23. SIGNATURE

P.W. Bow

M. D. or other

Address

Frederick, Md.Date signed 9.6.46

MARGIN RESERVED FOR BINDING

VS A15

19-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 9 1945

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

09013

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
118 West South Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 West South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ANNA MARY HOOPER

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife George William Hooper6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) November 4, 1883

8. AGE: Years Months Days If less than one day

621018

..... hrs. .... min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Edmund Simmons13. Birthplace Germany14. Maiden name Martha Elizabeth Scheazer15. Birthplace Virginia16. Informant George W. HooperAddress 118 W. South St., Frederick, Md.17. Burial Date thereof 9/25/46  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 24 Sept 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 22, 1946 at 8:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 10 to 1946 to Sept 22 1946and that I last saw him alive on September 22 1946

Immediate cause of death

Cordiac LowlyDue to MyocarditisDue to Chronic Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A.H. Heck M. D.Address Frederick, Maryland M. D. or otherDate signed 9-23-46

RECEIVED

SEP 25 1946

BUREAU V.B.



RI

OCT 1 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

## CERTIFICATE OF DEATH

09015

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredrick Co.  
 City or town Fredrick City  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 days  
 Hospital, institution, or street address where death occurred:  
Fredrick City Hospital  
 How long in hospital or institution? 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery  
 City or town Claggettville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Myrtle M. Johnson

## 3. (b) Social Security Number

1

## 4. Sex

Female

## 5. Color or race

Cal

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Bernard A. Johnson

## 7. Birth date of deceased (mo., day, yr.)

Dec 11 - 1906

## 6. (c) If alive, give age

40 years

## 8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>9</u>	<u>4</u>	_____ hrs. _____ min.

## 9. Birthplace

Montgomery Co. Md.  
(Town, county and state)

## 10. Usual occupation

House Wife

## 11. Industry or business

Home

## FATHER

## MOTHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17. Burial

## (Burial, cremation, or other)

## Date thereof

## (month) (day) (year)

## Cemetery or crematorium

## Location

## 18. Funeral director

## Address

## 19. Date

## (Date rec'd by registrar)

## 19. 46

## Elizabeta B. Hack

## Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1946, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 5 1946 to Sept 15 1946and that I last saw her alive on Sept 15 1946

Immediate cause of death

Internal Obstruction

Due to

Carcinoma of Bone

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE

E. P. Johnson M. D. or otherAddress Fredrick City Md. Date signed Sept 15 - 46



REC'D

SEP 18 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09016

131

Reg. Dist. No.

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 4 Center Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3.(a) FULL NAME  
ANNA CATHERINE KAUFMAN

3.(b) Social Security Number  
None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M  
6.(b) Name of husband or wife William C. Kaufman  
6.(c) If alive, give age 79 years  
7. Birth date of deceased (mo., day, yr.) July 2, 1868  
8. AGE: Years 78 Months 2 Days 16 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)  
At Home  
10. Usual occupation  
11. Industry or business  
12. Name Augustus Kehne  
13. Birthplace Frederick County Maryland  
14. Maiden name Sophia (last name unknown)  
15. Birthplace Frederick County Maryland

16. Informant William C. Kaufman  
Address 4 Center St., Frederick, Maryland  
17. Burial Burial Date thereof 9/21/46  
(Burial, cremation, or removal) (month) (day) (year)  
Cemetery or crematory Mount Olivet Cemetery  
Location Frederick, Maryland  
18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland

19. 19 Sept 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH September 18th 19 46 at 8:30A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 1946 to Sept 18 1946  
and that I last saw him/her alive on Sept 18 1946

Immediate cause of death Carcinoma stomach;  
hemorrhage from

DURATION  
6 months

Due to  
Due to  
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Bernard Hunsicker M. D.  
M. D. or other  
Address Frederick, Maryland Date signed 9-18-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 21 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1702

## CERTIFICATE OF DEATH

09017

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mount Rainier  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 4609 27th Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Edward Gustave Kleinkauf Jr.

## 3. (b) Social Security Number

717-10-4874

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Christy E. Klein Kauf Jr.

7. Birth date of

deceased (mo., day, yr.)

Nov. 9 - 1919

6.(c) If alive, give age

25 years

8. AGE:

Years

Months

Days

If less than one day

2610

hrs.

min.

9. Birthplace

Sayre, Pennsylvania

(town, county, and state)

10. Usual occupation

Soldier: U.S. Army

11. Industry or business

FATHER

12. Name

Edw. G. Kleinkauf Sr.

13. Birthplace

MOTHER

14. Maiden name

Mary A. Palmer

15. Birthplace

18. Informant

Army Records

Address

Fort George G. Meade, Md.

19. Removal

Removal

Date thereof

9/10/46

(Burial, cremation, or removal. Which?)

Cemetery or crematorium

Nicholas D. Alteri, Ex. Home

Location

3/4 Desmond St. Sayre, Pa.

18. Funeral director

Howard M. Blight, Jr.

Address

4914 Belair Road

19. Date

Sept. 13

19

46Blanche S. Eyles

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 19 46, at 10:15 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him dead Sept. 8 19 46  
alive on Sept. 8 19 46

Immediate cause of death

Cerebral hemorrhage

DURATION

5 minutes

Due to

Fracture middle cranial fossa

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept. 8, 1946  
1 mile south of Thurmont Frederick Maryland  
 Where did injury occur? (City or town) (County) (State)

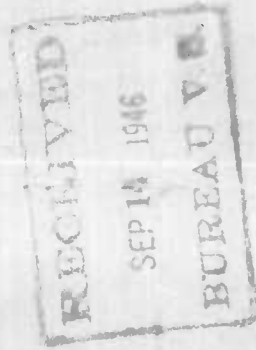
Injured at home, farm, industry, public place (where?) Highway U.S. 15Means of injury Motor cycle accident Injured at work? No.

23. SIGNATURE

Bernard Thomas, M.D.  
Asst. Deputy Medical Examiner  
Frederick, Md.

M.D. or other

Sept. 8, 1946  
Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 147d

## CERTIFICATE OF DEATH

Reg. Diat. No. 145

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 2 mi. West Myersville  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

4. Sex

Female White Married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 38 years

8. AGE:

Years

Months

Days

If less than one day

40411

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

D. Edgar Bitt

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 15 1946, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15 1946, to Sept 15 1946and that I last saw her Sept 15 1946

Immediate cause of death

embolism - Pulmonary artery

DURATION

Due to delivery of full termDue to male child of full term

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Myersville Md Date signed Sept 16-46

SEP 18 1946

BUREAU V.E.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

09019

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

45 yrs.  
408 Brunswick St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 408 Brunswick St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Minnie Frances Brown Long

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Wm. Henry Long

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

75

Months

6

Days

26

If less than one day

hrs.

min.

9. Birthplace

Duffields, Jef. Co. W. Va.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

John Brown

13. Birthplace

W. Virginia

14. Maiden name

Sarah Collins

15. Birthplace

Delaware

16. Informant

Mr. Wm. Henry Long

Address

408 Brunswick St. Brunswick, Md.

17. Burial

Burial

Date thereof

Sept. 11, 1946  
(month) (day) (year)

Cemetery or crematory

Knoxville

Location

Knoxville, Md.

18. Funeral director

Jerse S. Bailey

Address

370 W. Potomac St. Brunswick, Md.

19. Sept 11 1946

Eugenia W. Burke

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 8, 1946 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 8, 1946 to Sept. 8, 1946and that I last saw her alive on Sept 8, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W.B. Carpenter

M. D. certificate

Address

Knoxville, Va.Date signed 9/9/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
SEP 12 1963  
BOREAD A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09022

Reg. Diat. No. 139

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 5/11/46</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 5/11/46</u>			<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County _____ City or town <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>611 N. Pulaski St.</u> (If rural, give LOCATION) 2. (a) If veteran, name war _____		
<b>3. (a) FULL NAME</b> <u>Maurice E. Mason</u>			<b>3. (b) Social Security Number</b> <u>213-07-8575</u>		
<b>4. Sex</b> <u>Male</u> <b>5. Color or race</b> <u>White</u> <b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			<b>MEDICAL CERTIFICATION</b>		
<b>6. (b) Name of <del>husband</del> wife</b> <u>Addie Mason</u> <b>6. (c) If alive, give age</b> <u>54</u> years			<b>20. DATE OF DEATH</b> <u>September 30</u> 19 <u>46</u> at <u>3:40 A.M.</u>		
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>March 7, 1892</u>			<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>May 11</u> 19 <u>46</u> <b>to</b> <u>Sept. 30</u> 19 <u>46</u> <b>and that I last saw him alive on</b> <u>September 30</u> 19 <u>46</u>		
<b>8. AGE:</b> Years <u>54</u> Months <u>6</u> Days <u>23</u> It less than one day _____ hrs. _____ min.			<b>Immediate cause of death</b> <u>Pulmonary Tuberculosis</u> <b>DURATION</b> <u>18 Mos.</u>		
<b>9. Birthplace</b> <u>Baltimore, Md.</u> (Town, county, and state)			<b>Due to</b> _____		
<b>10. Usual occupation</b> <u>Carpenter</u>			<b>Due to</b> _____		
<b>11. Industry or business</b> _____			<b>Other conditions</b> _____ (Include pregnancy within 3 months of death)		
FATHER	<b>12. Name</b> <u>William E. Mason</u>		<b>Major findings of operations</b> _____		
	<b>13. Birthplace</b> <u>Baltimore, Md.</u>		<b>Date of op.</b> _____		
MOTHER	<b>14. Maiden name</b> <u>Estelle Hipsley</u>		<b>Autopsy results</b> _____		
	<b>15. Birthplace</b> <u>Baltimore County, Md.</u>		<b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>		
<b>16. Informant</b> <u>Deceased</u> Address _____			<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b>		
<b>17. <u>Unknown</u></b> <b>Date thereof</b> <u>Unknown</u> (Burial, cremation, or removal. Which?) (month) (day) (year)			<b>Accident, suicide, or homicide</b> _____ <b>Date of</b> _____		
<b>Cemetery or crematory</b> <u>Unknown</u>			<b>Where did injury occur?</b> _____ (City or town) (County) (State)		
<b>Location</b> <u>Unknown</u>			<b>Injured at home, farm, industry, public place (where?)</b> _____		
<b>18. Funeral director</b> <u>M. L. Creager &amp; Son</u>			<b>Means of injury</b> _____ <b>Injured at work?</b> _____		
<b>Address</b> <u>Thurmont, Md.</u>			<b>23. SIGNATURE</b> <u>J. B. [Signature]</u> <b>M. D.</b> <u>[Signature]</u>		
<b>19. <u>Over</u></b> <b>46</b> (Date rec'd by registrar)			<b>Address</b> <u>State Sanatorium, Md.</u> <b>Date signed</b> <u>9/30/46</u>		

RECEIVED  
OCT 2 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

## CERTIFICATE OF DEATH

0902034  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick CountyCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? about 6 months

Hospital, institution, or street address where death occurred:

St. Joseph's Central House

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Louise de Marillac Hosp. Buffalo, N.Y.

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Abigail McCullough, (Sister "emigius)

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Sister of Charity

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

## 7. Birth date of

deceased (mo., day, yr.) Feb 9 - 1861

## 8. AGE:

Years

Months

Days

If less than one day

3585622

hrs.

min.

## 9. Birthplace

Brockton, Massachusetts

(Town, county, and state)

## 10. Usual occupation

Nursing the sick

## 11. Industry or business

FATHER

## 12. Name

Patrick McCullough

## 13. Birthplace

Co. Derry, Ireland

MOTHER

## 14. Maiden name

Margaret Donahue

## 15. Birthplace

Co. Clare, Ireland

## 16. Informant

Sister Rosá, Assistant

## Address

Emmitsburg, Maryland

## 17. Burial

(By burial, cremation, or removal, Which?)

Date thereof September 3, 1946  
(month) (day) (year)

Cemetery or crematory

Cemetery (Private)

## Location

Emmitsburg, Maryland

## 18. Funeral director

S. L. Allison

## Address

Emmitsburg Md.

## 19.

Date read by registrar

19

46

by

Registrar

Local

Registrar

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## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Sept 1 19 46 at 9:40 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 27 19 46 to Sept 1 19 46and that I last saw her alive on Aug 28 19 46

## Immediate cause of death

ExhaustionPericardial Anemia

## DURATION

1 year

## Due to

Carcinoma Coloni5 yrs

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Morris H. Birch, M.D.

M. D. or other

## Address

Thurmont-Md.Date signed 9/1/46

RECEIVED  
OCT 3 1916  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Dickerson-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred:

Furnace Ford

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Dickerson-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)Street No. Furnace Ford

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

TERRENCE ALBERT McPHERSON

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Mary E. Murray6. (c) If alive, give age 45 years

7. Birth date of

deceased (mo., day, yr.) January 17, 1895

8. AGE:

Years

Months

Days

If less than one day

5180

hrs.

min.

9. Birthplace Nr. Leesburg-Loudoun-Virginia

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

FATHER

12. Name John W. McPherson13. Birthplace Loudoun County Virginia

MOTHER

14. Maiden name Ora Gertrude Myers15. Birthplace Loudoun County Virginia18. Informant Mrs. Mary McPhersonAddress R.F.D.#1, Dickerson, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9/20/46  
(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son  
Frederick, Maryland

Address

19. 18 Sept 19 46  
(Date rec'd by Registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 19 46, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to .....19.....

and that I last saw him alive on Sept 17 19 46

Immediate cause of death

Gun shot wound of head

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 9.17.46Where did injury occur? Furnace Ford, Frederick Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) home farmMeans of injury 710 Ga. 8 shot gun injured at work? no

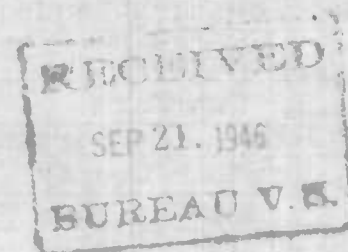
23. SIGNATURE

R.W. Bow County Med

M. D. or other

Address Frederick, Md. Date signed 9.17.46





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93rd

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 90 years  
 Hospital, institution, or street address where death occurred:  
13 East 4th St  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
 State MD County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 13 East 4th St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Addie Amelia Staley Mohrly

## 3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Edmund F. Mohrly Sr.

6. (c) If alive, give age

years

7. Birth date of

deceased (mo., day, yr.) Aug 3 1856

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>1</u>	<u>3</u>	<u>hrs. min.</u>

9. Birthplace 21 Bushington, Frederick, Md10. Usual occupation House wife

11. Industry or business

12. Name John Alfred Staley13. Birthplace Frederick Co. Md14. Maiden name Keturah Shook15. Birthplace Frederick Co. Md16. Informant Bessie MohrlyAddress Frederick, Md17. Burial Date thereof 9/9/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. OlivetLocation Frederick Md18. Funeral director Harry T. Cant. CoAddress Frederick, Md.19. 9 Sept 1946 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1946, at 11 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1946 to Sept. 6 1946and that I last saw her alive on Sept. 6 1946

Immediate cause of death

Myocardial Infarction

Due to

Arteriosclerotic heart

Disease

Other conditions Sanity

(Include pregnancy within 3 months of death)

Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D.Address Frederick, Md Date signed 9/12/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09023

RECEIVED

SEP 10 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(137a)

09024

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since August 27, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 59 South Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE RANDOLPH MOBERLY

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Mary Catherine Barnes

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) April 29, 1857

## 8. AGE:

Years

Months

Days

If less than one day

89410

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

12. Name Lewis H. Moberly13. Birthplace Frederick County Maryland14. Maiden name Catherine Shriner15. Birthplace Frederick County Maryland16. Informant Mrs. Grace WallaceAddress 59 S. Market St., Frederick, Md.17. Burial Date thereof 9/12/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 Sept 1946 Elizabeth B. Heck  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9th 1946 at 11:15 P21. CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 8 1946 to Sept 9 1946and that I last saw him alive on Sept 8 1946

## Immediate cause of death

## DURATION

Uremia10 DaysDue to Urinary retentionDue to Prostatic hyperplasia, Supp.

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. None

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

## 23. SIGNATURE

HT Etchison M. D.  
Address Frederick, Maryland Date signed 9-10-46

RECEIVED

SEP 17 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09025

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County FrederickCity or town Fountain Mills  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Fountain Mills  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

William J. Monroe

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) Feb. 3 1893

6. (c) If alive, give age .....

8. AGE: Years Months Days If less than one day

53 7 24 ..... hrs. .... min.9. Birthplace M. Fountain Mills Md  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business .....

12. Name John Henry Monroe13. Birthplace Md.14. Maiden name Caroline Brown15. Birthplace Md.16. Informant My Caroline MonroeAddress Monroe, Md.17. Burial Date thereof Sept 29 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fountain Mills Colored CemeteryLocation Fountain Mills Md18. Funeral director J. B. Beall, Inc.Address Bermansburg, Md.19. 9-28 19 46 Lucian K. Falconer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27, 1946 at 5:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20, 1945 to Sept 27, 1946and that I last saw him alive on Sept 14, 1946Immediate cause of death Chronic myocarditis

DURATION

2 yrs

Due to .....

Due to .....

Other conditions Arteriosclerosis  
with hypertension

(Include pregnancy within 3 months of death)

5 yrs

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

23. SIGNATURE Ernest P. Roop, Md.

M. D. or other

Address New Market Md Date signed 9-28-46

OCT 5 1946

BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20-2

## CERTIFICATE OF DEATH

★ 09026

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

142 West All Saint Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 142 West All Saint Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARY FRANCES NICKENS

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or Rev. R. L. Nickens8. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) September 10, 1886

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>26</u>	hrs. min.

8. Birthplace Centerville-Fairfax-Virginia  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name Charles Brooks13. Birthplace Fairfax County Virginia14. Maiden name Frances Waldon15. Birthplace Alexandria, Virginia16. Informant Rev. R. L. NickensAddress 142 W. All Saint St., Frederick, Md.17. Burial Date thereof 9/9/46  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Baptist CemeteryLocation Chantilly, Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7-Sept-46 1946 Elizabeth G. Heck  
(Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 6th 1946 at 7:30A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1946 to Sept 6 1946and that I last saw him or her alive on Sept 6 1946Immediate cause of death aluminum of brain

(Frontal)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please describe the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fahmy M. D.Address Frederick, Maryland Date signed 9-6-46

RECEIVED

SEP 9 1946

BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09027 131  
Reg. Dist. No.

<b>1. PLACE OF DEATH:</b> County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>126 W. Third St.</u> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Frederick</u> City or town..... <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>126 W. Third Street</u> (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>None</u>			
<b>3.(a) FULL NAME</b> <u>Millard Newton Nusz</u>				<b>3.(b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6.(a) Single, married, widowed, or divorced</b> <u>Married</u>		<b>MEDICAL CERTIFICATION</b>	
<b>6.(b) Name of husband or wife</b> <u>Eva M. Droneburg</u>				<b>2D. DATE OF DEATH</b> ..... <u>Sept. 1st.</u> 19 <u>46</u> , at <u>2 P.</u> M			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>December 23-1870</u>				<b>21. I CERTIFY that death occurred on the date above stated; that I attended deceased from</b> <u>1934</u> 19..... to <u>Sept. 1st</u> 19 <u>46</u> and that I last saw him..... alive on <u>Sept. 1st</u> 19 <u>46</u> Immediate cause of death..... <u>Exhaustion due to overwork of</u> <u>Bladder</u> <u>Due to Haemorrhage (intermittent)</u>			
<b>8. AGE:</b> Years..... <u>75</u> Months..... <u>8</u> Days..... <u>8</u> If less than one day..... hrs. .... min.		<b>8.(c) If alive, give age</b> ..... <u>65</u> years		<b>DURATION</b> <u>12 yrs</u>		<b>Due to</b> ..... <b>Due to</b> ..... <b>Other conditions</b> ..... (Include pregnancy within 8 months of death)	
<b>9. Birthplace</b> ..... <u>Frederick Co. Md.</u> (Town, county, and state)				<b>Major findings of operations</b> ..... Date of op. ....			
<b>10. Usual occupation</b> ..... <u>Bailiff to Court</u>				<b>Autopsy results</b> ..... <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>			
<b>11. Industry or business</b> .....				<b>22. VIOLENCE: If death was due to external causes, fill in the following:</b> Accident, suicide, or homicide..... Date of ..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?) ..... Means of injury..... Injured at work?.....			
<b>FATHER</b> <b>12. Name</b> ..... <u>Hiram M. Nusz</u>		<b>13. Birthplace</b> ..... <u>Frederick Co. Md.</u>		<b>23. SIGNATURE</b> ..... <u>W. G. Boone Sr.</u> M. D. or other..... Address..... <u>Frederick, Md.</u> Date signed..... <u>9-3-46</u>			
<b>MOTHER</b> <b>14. Maiden name</b> ..... <u>Mary A. Moberly</u>		<b>15. Birthplace</b> ..... <u>Frederick Co. Md.</u>		<b>18. Informant</b> ..... <u>Mrs. Millard N. Nusz</u> Address..... <u>126 W. Third St.- Frederick, Md.</u>			
<b>16. Informant</b> ..... <u>Mrs. Millard N. Nusz</u> Address..... <u>126 W. Third St.- Frederick, Md.</u>				<b>17. Burial</b> ..... (Burial, cremation, or removal of body?)..... Date thereof..... <u>Sept. 3-1946</u> (month) (day) (year) Cemetery or crematory..... <u>Mount Olivet Cemetery</u> Location..... <u>Frederick, Md.</u> Funeral director..... <u>C.E.Cline and Son</u> Address..... <u>Frederick, Md.</u>			
<b>19. 3-Sept</b> 19 <u>46</u> (Date rec'd by registrar)				<b>Elizabeth G. Heck</b> Registrar			

RECEIVED

SEP 4 1946

BUREAU V

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (M)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Lifetime  
 Hospital, institution, or street address where death occurred:  
 Frederick City Hospital  
 How long in hospital or institution?..... 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 518 N. Bentz Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... None

## 3. (a) FULL NAME

Florence Emma Ogle

## 3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... Colored 6. (a) Single, married, widowed, or divorced..... Married  
 6. (b) Name of husband or wife..... Nathaniel B. Ogle  
 7. Birth date of deceased (mo., day, yr.)..... Feb. 8-1889  
 8. AGE: Years..... 57 Months..... 7 Days..... 2 If less than one day..... hrs. .... min.

8. (c) If alive, give age 52 years

9. Birthplace..... Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation..... Day Laborer  
 11. Industry or business.....

MOTHER FATHER  
 12. Name..... Benjamin Taylor  
 13. Birthplace..... Carroll County Md.  
 14. Maiden name..... Mary Ellen Taylor  
 15. Birthplace..... Carroll County Maryland

16. Informant..... Mrs. Iris Armstrong  
 Address..... Frederick, Md.

17. Burial..... Date thereof..... Sept. 12-1946  
 (Burial, cremation, or other)..... (month) (day) (year)  
 Cemetery or crematory..... Simpsons Chapel Cemetery  
 Location..... near Poplar Springs, Md.  
 18. Funeral director..... C.B. Cline and Son  
 Address..... Frederick, Md.

19. 11 Sept 1946 Elizabeth G. Heck.  
 (Date rec'd by registrar)..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 10th. 1946 at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....  
 and that I last saw him/her on..... Sept 10..... 1946

Immediate cause of death..... Burns of trunk & face  
 DURATION..... 2 1/2 hrs.

Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of..... Sept 9 46  
 Where did injury occur?..... Frederick, Md.  
 (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?)..... Home  
 Means of injury..... Exploding barrel at work  
 Injured at work?..... No

23. SIGNATURE..... R. W. BAER  
 Address..... Frederick, Md.  
 Date signed..... 11-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09028

RECEIVED  
SEP 12 1946  
BUREAU V 2

*W. R. H. H. H.*



Child lived 4 hrs. 50 min.

Birth and Death.

9454

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 131

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Frederick  
City or town Frederick, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street address, hospital, or institution: Emergency Hospital  
Length of mother's stay in County 23 yrs.  
(How many years, or months, or days SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 136 East  
(If RURAL give LOCATION)

3. Name of child Baby Palmer  
5. Sex Male 6. Twin or triplet

4. Date of birth Sept. 23, 1946 Hour 3:46 P.M.  
7. No. of weeks pregnancy 28 weeks

FATHER OF CHILD

8. Full name Leroy Green  
9. Color Colored 10. Age at time of this birth 33 yrs.  
11. Usual occupation in Merchant Marine

MOTHER OF CHILD

12. Full maiden name Martha Louise Palmer  
13. Color Colored 14. Age at time of this birth 23 yrs.  
15. Usual occupation factory worker

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0  
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no  
18. Pregnancy, complications of

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

19. Labor: (a) Complications of (b) Induced? no

(a) Fetal causes  
(b) Maternal causes milary tubercles of placenta (Tuberculosis)

20. (a) Was there an operation for delivery? no  
(b) State all operations, if any.  
(Yes or No)

22. I certify to the birth of this child who was born dead\* on the date and hour above stated.

(c) Did child die before operation?  
During operation?

Signature Bernard Thomas Jr. M.D.  
(Specify if M.D., midwife, or other)

Address Frederick, Md.

23. (a) Buried (b) Date thereof Sept. 23-1946  
(Burial, cremation or removal) (month) (day) (year)

25. (a) 25 Sept 1946 (b) Elizabeth S. Heck  
(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory Monte Carmine

26. (To be filled out if no physician was present at delivery.)  
The above certificate has been examined by me.

24. (a) Funeral director G.C. Trout Sept  
(b) Address Monte Carmine Dredg. Co. Md.

Health Officer, per

\* See Instruction C on stub.



RECEIVED

SEP 28 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since Sept. 1st, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Glenwood  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION) ✓

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Richard Spencer Pindell

## 3. (b) Social Security Number

212-03-5-617

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Isabel Mc. Intosh Pindell

7. Birth date of deceased (mo., day, yr.)

Feb-18, 1879

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

67

Months

6

Days

20

If less than one day

hrs.

min.

9. Birthplace

Fulton, Howard, Maryland  
(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

Grocery

FATHER

12. Name

Richard C. Pindell

13. Birthplace

Fulton, Maryland

MOTHER

14. Maiden name

Fannie Benson

15. Birthplace

Unknown

16. Informant

Isabel Mc. Intosh Pindell

Address

Glenwood, Maryland

17. Burial

(Burial, cremation, or removal of body)

Date thereof

Sept. 10, 1946  
(month) (day) (year)

Cemetery or crematory

St. Marks Em.

Location

Fulton, Md.

18. Funeral director

C. Harry Weaver

Address

Sykesville, Md.

19. Sept. 7th

19 46

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 719 46, at 5:10 a 1 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 519 46

to

Sept. 719 46

and that I last saw him alive on

Sept. 719 46

Immediate cause of death

Coronary Sclerosis

DURATION

3 mo.

Due to

with hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Cases of Sclerosis with  
hypertensionDate of op. 7/4/46

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

A. A. Ocasio

M. D.

M. D. or other

Address Frederick, MarylandDate signed 9-7-46

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 100

RECEIVED

SEP 10 1945

BUREAU V S

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

517 Elm Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 301 West Second Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

HENRY BEESON RAMSBURGH

## 3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced  
M6. (b) Name of husband or wife Mabel KindleyB. (c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) December 23, 18868. AGE: Years 59 Months 9 Days 3 If less than one day  
.....hrs. ....min.9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation President11. Industry or business Ramsburgh Fertilizer Co.12. Name Henry B. Ramsburgh13. Birthplace Frederick County Maryland14. Maiden name Laura Maynard15. Birthplace Frederick County Maryland16. Informant Mrs. Mabel RamsburghAddress 301 W. 2nd St., Frederick, Md.17. Burial Date thereof 9/28/46  
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 27-Sept 1946 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 26, 1946 at 8:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
7 am 1934 to Sept 26 1946  
and that I last saw him Sept 26 1946 alive on

Immediate cause of death

Coronary occlusion  
Due to Chronic myocarditisDue to Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Bauer M. D.  
Address Frederick, Maryland Date signed 9-27-46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09030

RECEIVED  
SEP 30 1946  
BUREAU VE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 990831

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Lifetime  
 Hospital, institution, or street address where death occurred:  
 Frederick City Hospital  
 How long in hospital or institution?..... two weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick  
 City or town..... Braddock Heights (rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2(a) If veteran, name war..... None

## 3. (a) FULL NAME

CHARLES HENRY REMSBERG

## 3. (b) Social Security Number

NONE

4. Sex..... Male  
 5. Color or race..... White  
 6. (a) Single married, widowed, or divorced..... Married  
 6. (b) Name of husband or wife..... Harriet Grosh  
 6. (c) If alive, give age..... 62? years  
 7. Birth date of deceased (mo., day, yr.)..... March 6-1875  
 8. AGE: Years..... 71 Months..... 5 Days..... 25  
 If less than one day..... hrs. .... min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 1st. 1946 at 6:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Aug 29 1946 to Sept 1 1946  
 and that I last saw him alive on Sept 1 1946

Immediate cause of death.....

DURATION

Chronic myocardiitis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed.....

9. Birthplace..... Frederick County Maryland  
 (Town, county, and state)  
 10. Usual occupation..... Retired Educator  
 11. Industry or business..... High School  
 12. Name..... Henry C. Remsberg  
 13. Birthplace..... Frederick County Maryland  
 14. Maiden name..... Mahala Kefauver  
 15. Birthplace..... Frederick County Maryland  
 16. Informant..... Gerald G. Remsberg  
 Address..... 500 W. 2nd. St.-Frederick, Md.  
 17. Burial Date thereof..... Sept. 4-1946  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory..... Reformed Cemetery  
 Location..... Middletown, Md.  
 18. Funeral director..... C.E. Cline and Son  
 Address..... Frederick, Md.  
 19. 3 Sept 1946 Elizabeth G. Heck Registrar  
 (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15 9-45-12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 5 1946

BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1642)

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 09032 138

## 1. PLACE OF DEATH:

County Frederick  
City or town Ijamsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Riggs Cottage SanitariumHow long in hospital or institution? Since August 22, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia CountyCity or town Sleepy Creek  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None ✓

## 3. (a) FULL NAME

Tennie V. Silver

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September ?, 1920

8. AGE:

26?

Months

Days

If less than one day

hrs.

min.

9. Birthplace West Virginia

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name Howard Silver13. Birthplace Morgan County West Virginia14. Maiden name Ada Payne15. Birthplace Morgan County West Virginia16. Informant Riggs Cottage Sanatorium RecordsAddress Ijamsville, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9/16/46

(month) (day) (year)

Cemetery or crematory

Sleepy Creek Cemetery

Location

Sleepy Creek, W. Va.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 14 Sept 1946 Lucian K. Falconer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1946 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead Sept 13 1946

Immediate cause of death

Asphyxiation  
by hanging  
insanities

DURATION

Immediate  
1 week

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 9.13.46Where did injury occur? Jamsville, Frederick MD  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) SanatoriumMeans of injury hanging Injured at work? noDr. Bore Dr. J. H. Ex.23. SIGNATURE Frederick, Md. M. D. or otherAddress Frederick, Md. Date signed 9.13.46

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED  
OCT 5 1945  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2

## CERTIFICATE OF DEATH

09033

★ Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Pt. of Rocks  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 mos.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Pt. of Rocks  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war none

3. (a) FULL NAME Mary Esther Smith 3. (b) Social Security Number none

4. Sex F 5. Color or race W 6. (d) Single, married, widowed, or divorced Widowed

6. (b) Name of husband Wm. Smith

7. Birth date of deceased (mo., day, yr.) August 19-1889 6. (c) If alive, give age 45 years

8. AGE: Years 57 Months 1 Days 7 If less than one day hrs. min.

9. Birthplace Lowettsville - Virginia  
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Wm. Myers

13. Birthplace Virginia

14. Maiden name Betty Jane Myers

15. Birthplace Leesburg - Virginia

16. Informant Mrs. Maude Mc Donald

Address Frederick, Md.

17. Burial Burial Date thereof 9-29-1946  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Frederick Memorial Park

Location 1 mile West of Frederick, Md.

18. Funeral director C. E. Cline and Son

Address Frederick - Md.

MEDICAL CERTIFICATION  
20. DATE OF DEATH Sept 26 19 46 at 6:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 45 to Sept 26 19 46  
and that I last saw him alive on Sept 17 19 46.

Immediate cause of death

Cornary Ischemia

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Cline M. D. or other  
Address Frederick Md Date signed 9-27-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

19. 27-Sept 19 46  
(Date rec'd by registrar)

Elizabeth G. Heck  
Registrar

RECEIVED

RECEIVED

RECEIVED

SEP 28 1946

BUREAU V.S.

RECEIVED

SEP 28 1946

BUREAU V.S.

*He had*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

09034

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Home  
 Hospital, institution, or street address where death occurred:  
27 Wilson Ave.  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 27 Wilson Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

3. (a) FULL NAME Oleria Alberta Smith 3. (b) Social Security Number none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Harvey E. Smith  
 6. (c) If alive, give age 74 years  
 7. Birth date of deceased (mo., day, yr.) March 13 - 1872  
 8. AGE: Years 74 Months 6 Days 6 If less than one day  
 hrs. min.

9. Birthplace Frederick Co. Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Edward F. Tucker

13. Birthplace Loudon Co. Va

14. Maiden name Sally E. Mull

15. Birthplace Loudon Co Va

16. Informant Harvey E. Smith

Address 27 Wilson Ave. Frederick Md

17. Burial Date thereof Sept 21 - 1946  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt Olivet Cemetery

Location Frederick Maryland

18. Funeral director C. E. Clive & Son

Address Frederick Maryland

19. 21-Sept 19 46 Elizabeth Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1946 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14 1946 to Sept 19 1946

and that I last saw him alive on Sept 19 1946

Immediate cause of death Cerebral Hemorrhage DURATION 5 days

Due to Hypertension - chronic 10 yrs.

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. Kline M.D. M.D. or other Frederick Md  
 Address Frederick Md Date Signed Sept 21 1946

RECEIVED

SEP 23 1946

BUREAU V B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-0

## CERTIFICATE OF DEATH

09035

Reg. Diat. No. 141

## 1. PLACE OF DEATH:

County BrunswickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

West I St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Fred.City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. West I St.  
(If rural give LOCATION)2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

Charles J. Smothers

## 3. (b) Social Security Number

4. Sex male5. Color or race Col.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mae Grayson

7. Birth date of deceased (mo., day, yr.)

March 24 18896. (c) If alive, give age 49 years

8. AGE:

Years

Months

Days

If less than one day

57510

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name

John E. Smothers

13. Birthplace

Maryland

14. Maiden name

Julia A. Howard

15. Birthplace

Maryland

16. Informant

Mrs Mae Smothers

Address

Brunswick Md

17.

Burial  
(Burial, cremation, or removal, Which?)

Date thereof

Sept 7 1946  
(month) (day) (year)

Cemetery or crematory

St. Marys

Location

Petersville Md

18. Funeral director

C. H. Zutter & Bro

Address

Brunswick Md.

19.

Sept 6 1946  
(Date rec'd by registrar)Kathryn W. Brown  
Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4 September 1946 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

28 August 1946 to 4 September 1946  
and that I last saw him alive on 28 August 1946

Immediate cause of death

Central Nervous System  
Septicemia

DURATION

2

Due to

Due to

Other conditions

Cerebral Palsy

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Marshall Schaeffer  
M. D. or other

Address

Brunswick MdDate signed 5 Sept 46



RECEIVED  
SEP 10 1946  
BUREAU V A

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

### 1. PLACE OF DEATH:

County Frederick  
City or town Le Gore  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3 yrs  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Frederick  
City or town Le Gore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Thomas J. Stottlemeyer

### 3. (b) Social Security Number

220-01-6319

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married  
8.(b) Name of husband or wife Catherine Louise Stottlemeyer 6.(c) If alive, give age 32 years  
7. Birth date of deceased (mo., day, yr.) Aug. 18, 1906  
8. AGE: Years 40 Months 1 Days 7 If less than one day hrs. min.  
9. Birthplace Smithsburg Md.  
(Town, county, and state)  
10. Usual occupation Laborer  
11. Industry or business Grain Plant  
12. Name Eugenia J. Stottlemeyer  
13. Birthplace Md.  
14. Maiden name Alma Fizer  
15. Birthplace Md.

16. Informant Mrs. Thos. J. Stottlemeyer  
Address Le Gore Md.  
17. Burial Date thereof Sept. 29, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Oak Hill  
Location Le Gore Md.  
18. Funeral director Burwell & Hartzler  
Address 2 Woodsboro Md.  
19. 9/27 1946 L. C. Powrie  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1946 at 8:20 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1946 and that I last saw him live on Sept 25 1946  
Immediate cause of death Gun shot wound of neck - rt.  
DURATION 4 hrs.  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Suicide Date of 9-25-46  
Where did injury occur? Le Gore Md. (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) home  
Means of injury 20 Ga. Shot gun Injured at work? no  
23. SIGNATURE R. W. Bauer M. D. or other Deputy Med  
Address Frederick, Md. Date signed 9-25-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 2 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick Rural  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Wesley Talbert Summers

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Divorced

## 6. (b) Name of husband or wife

Adelaide Richards

## 7. Birth date of deceased (mo., day, yr.)

October 28, 1871

6. (c) If alive, give age years

## 8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>22</u>	hrs. min.

## 9. Birthplace

Frederick County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Unknown - Summers

## 12. Name

Unknown

## 13. Birthplace

Sally Michael

## 14. Maiden name

Unknown

## 15. Birthplace

Virginia

## 16. Informant

Emergency Hospital, Fredk. Md.

## 17. (Burial, cremation, or removal - Which?)

Burial

## 18. Cemetery or crematory

Mount Pleasant

## 19. Location

Frederick Md.

## 20. Funeral director

Edgell Company

## 21. Address

Middleton, Md.

## 22. Date rec'd by registrar

23 Sept 1946

## 23. Registrar

Elizabeth G. Heck

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick

City or town Mount Pleasant  
 (If outside city or town limits, write RURAL and give nearest town)

## Street No.

(If rural, give LOCATION)

## 2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 19, 1946, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 10, 1946 to Sept 19, 1946and that I last saw him alive on September 19, 1946

## Immediate cause of death

Patent - sclerotic Cardio-vascular disease

## DURATION

5 years

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

Bernard Thomas Jr. M.D.

## Address

Frederick Md.Date signed 9/21/46

RECEIVED

SEP 25 1946

BUREAU V B.

M

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

★ 09038

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 45 years  
 Hospital, institution, or street address where death occurred:  
Fair Ground Road  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 28 East Third  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Maurice Luther Trosell

## 3. (b) Social Security Number

214-10-1373A

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>March 17, 1875</u>		
8. AGE: Years <u>71</u>	Months <u>6</u>	Days If less than one day _____ hrs. _____ min.
8. Birthplace <u>Graceland, Frederick Co. Md.</u> (Town, county, and state)		
10. Usual occupation <u>Retired</u>		
11. Industry or business <u>Salesman</u>		
12. Name <u>Samuel J. Trosell</u>		
13. Birthplace <u>Graceland, Md.</u>		
14. Maiden name <u>Elizabeth Callender</u>		
15. Birthplace <u>Graceland, Md.</u>		
16. Informant <u>Mrs. John Ogle</u> Address <u>Thurmont, Md.</u>		
17. <u>Burial</u> Date thereof <u>Sept 20, 1946</u> (Burial, cremation, or removal, which) (month) (day) (year)		
Cemetery or crematory <u>Graceland</u>		
Location <u>Graceland, Md.</u>		
18. Funeral director <u>M. L. Rogers &amp; Son</u> Address <u>Thurmont, Md.</u>		
19. <u>19 Sept</u> 19 <u>46</u> <u>Elizabeth G. Heck</u> (Date rec'd by registrar) Registrar		

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 19 46, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, and that I last saw him/her alive on Sept 15 19 46

Immediate cause of death Drowning

Other conditions \_\_\_\_\_

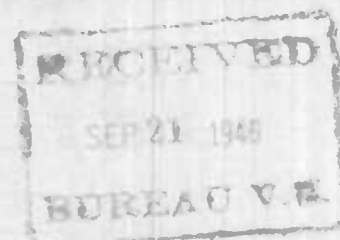
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide homicide Date of 9. 17. 46  
 Where did injury occur? Frederick, Md. (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Graceland  
 Means of Injury Drowning Injured at work? no  
P. W. Barr 2nd Ex  
 23. SIGNATURE Frederick M. D. or other  
 Address \_\_\_\_\_ Date signed 9. 17. 46





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-0

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Fredricks  
 City or town Fredricks  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred  
Fredricks City Hospital  
 How long in hospital or institution? 2 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Fredricks  
 City or town Fredricks RFD 5  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war NO

## 3. (a) FULL NAME

Mrs. Mary C. Wallace

## 3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Richard W. Wallace  
 6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 21, 1891  
 8. AGE: Years 55 Months 2 Days 6 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Fredricks Fredricks Co., Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Edward S. Reynolds

12. Name Edward S. Reynolds

13. Birthplace Fredricks, Md.

14. Maiden name Mary C. Linne

15. Birthplace Fredricks, Md.

16. Informant Richard W. Wallace

Address Fredricks, Md. RFD 5

17. (Burial, cremation, or removal: Which?) Burial Date thereof Oct. 2, 1946

(month) (day) (year)

Cemetery or crematory St. Elizabeth Cemetery

Location Fredricks, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. 1-October 1946 Registrar Elizabeth G. Heck

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1946 at 12:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2 1946 to Sept 29 1946 and that I last saw him alive on Sept 29 1946

Immediate cause of death Acute myocarditis DURATION 6 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE B. O. Pharris M. D. or other \_\_\_\_\_

Address Fredricks, Md. Date signed 10/4/46

RECEIVED

OCT 4 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

09040

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? Since February, 1946

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Mount Airy  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

HATTIE LAVINIA WILSON

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced— <u>S</u>
--------------------	------------------------------	---

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) June 22, 1869

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>11</u>	_____ hrs. _____ min.

8. Birthplace Nr. Mount Airy-Frederick-Md.  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Henry B. Wilson13. Birthplace Frederick County Maryland14. Maiden name Martha L. Watkins15. Birthplace Frederick County Maryland16. Informant I. O. O. F. Home RecordsAddress R. F. D. #1, Frederick, Md.17. Burial 9/5/46  
(Burial, cremation, or removal. Which?) \_\_\_\_\_ Date thereof \_\_\_\_\_ (month) (day) (year)Cemetery or crematory Prospect CemeteryLocation Near Mount Airy, Maryland18. Funeral director M. R. Etchison and Son  
Address Frederick, Maryland19. 4-Sept 1946 Elizabeth Heck  
(Date rec'd by registrar) \_\_\_\_\_ Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1946 2:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 15, 1946 to Sept. 3, 1946  
and that I last saw him alive on Sept. 3, 1946Immediate cause of death Heart 48 hoursDue to Cerebral myelomalacia 1 year

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Wm M Smith M D  
M. D. or other \_\_\_\_\_Address Frederick, Maryland Date signed 9-4-46

RECEIVED

SEP 5 1946

DEAD V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-d)

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Rural Thurmont  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Robert Goss Wright

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

B. (c) If alive, give age... years

7. Birth date of

deceased (mo., day, yr.)

October 18 - 1906

8. AGE:

Years

Months

Days

If less than one day

391020

hrs.

min.

9. Birthplace

Little More Falls, Maine  
(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

FATHER

12. Name

Herbert B. Wright

13. Birthplace

Leicester, Me.

MOTHER

14. Maiden name

Alessa Goss

15. Birthplace

Portland, Me.

18. Informant

E. T. Brandon

Address

Monmouth, Me.

17.

(Burial, cremation, or removal, which?)

Date thereof

Sept. 12, 1946  
(month) (day) (year)

Cemetery or crematory

Valley Green

Location

Greene, Maine

18. Funeral director

M. L. Creamer, Son

Address

Thurmont, Md.

19.

(Date rec'd by registrar)

Sept. 9, 1946Blaude S. Eyles

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maine County... KennebecCity or town... Monmouth

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war...

World War

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Sept. 8 1946 at 10:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

...19... to... 19...

and that I last saw him dead on Sept. 8 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

5 minutesDue to Fracture skull

Due to

Other conditions Compound fracture lefttibia & fibula

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept. 8, 1946Where did injury occur? 1 mile south Thurmont, Frederick, Md.

(City or town) (State)

Injured at home, farm, industry, public place (where?) Highway U.S. 15Means of Injury Motorcycle accident Injured at work? No

23. SIGNATURE

Bernard Thomas Jr. M.D. Asst. Deputy Medical Examiner

M. D. or other

Address

Frederick, Md.Date signed Sept. 8, 1946

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